

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101579404

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	2		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	1	0	/			
10	1		/			
11	2		/			
12	3		/			
13	1		/			
14	1		/			
15	2		/			
16	2		/			
17	2		/			
18	/		/			
19	/		/			
20	/		/			
21	2		/			
22	0		/			
23	0		/			
24	0		/			
25	0		/			
26	1		/			
27	1		/			
28	2		/			
29	2		/			
30	1	2	/			
31	1		/			
32	2		/			
33	2		/			
34	2		/			
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48			—			
49			—			
50			—			
TOTAL IND.			8			
TOTAL DEP.			27			
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						